MAR 7. 7. 7006

EXPRESS MAIL NO. EV741784134US



TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/646,716	
Filing Date	October 3, 2001	
First Named Inventor	Yau Wai Lucas Hui	
Art Unit	2613	
Examiner Name	Allen C. Wong	
Attorney Docket No.	851663.416USPC	

E	NCLOSURES (check all that app	oly)	
Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement and Transmittal Cited References Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts/Incomplete Application	Drawing(s) Request for Corrected Filing Receipt Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Declaration Statement under 37 CFR 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard Other Enclosure(s) (please identify below): Redlined Substitute Specification: Substitute Specification	
Remarks	<u></u>	1	
SIGNATUR	E OF APPLICANT, ATTORNEY,		
Firm Name Seed Intellec	tual Property Law Group PLLC	Customer Number 00500	
Signature			
Printed Name Robert lannu	cci		
Date March 22, 20	06 Reg. N	No. 33,514	
CEDT	IFICATE OF TRANSMISSION/MA	All INC	
I hereby certify that this correspo with the United States Postal Ser	ndence is being facsimile transmit vice with sufficient postage as firs Patents, P.O. Box 1450, Alexand	tted to the USPTO or deposited t class mail in an envelope	
<u>-</u> .			
Signature			

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

761314_1.DOC

EXPRESS MAIL NO. EV741784134US

Peep oursuant to the C					Con	nplete if Kno	wn	
Reprocessing to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Application Number		09/646,716		
ize transmittal			Filing Date		October 3, 2001			
R 2 2 2006 for FY 2006		First Named Inventor		Yau Wai Lucas Hui		<u> </u>		
			Examiner Name		Allen C. Wong			
Application Claims small entity status. See 37 CFR 1.27			Art Unit		2613			
TOTAL MOUNT C	F PAYMENT	(\$)720		Attorney Doc	ket No.	851663.416	USPC	
METHOD OF PAYN	ENT (check a	ill that apply)						
	_	Money Orde		please identify	•		O D	
Deposit Account		Account Numb		Deposit Accou				<u>LLC</u>
For the above-in	dentified depo e(s) indicated l		_	Charge fee(s				e filina fee
	• •	ee(s) or underp	<u></u>	Charge leeks	•			
	-	1.16 and 1.17	odyments g	y onargo any	unuo puyn		,	
Warning: Information information and author	on this form ma	ay become publi	c. Credit card inf	ormation should	not be inclu	ded on this forr	n. Provid	e credit card
FEE CALCULATIO	N (All the fee:	s below are d	lue upon filing	or may be su	bject to a	surcharge.)		
1. BASIC FILING,								
	FILING	6 FEES	SEARC	H FEES		IINATION EES		
	,	Small Entit	ty	Small Entity		<u>Small</u> Entity		
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee</u>	es Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM	FEES						(C)	Small Entit
Fee Description						<u>.</u>	Fee (\$) 50	<u>Fee (\$)</u> 25
E	nciuaina Reiss	ues)					200	100
Each claim over 20 (i	_	Listing Dalasia					200	100
Each independent cla	aim over 3 (incl	luding Reissue	s)				360	180
Each independent cla	aim over 3 (incl laims	-		Fee Paid ('\$ \	Multiple	360 Depend	180 lent Claims
Each independent cla Multiple dependent c Total Claims	aim over 3 (incl laims <u>Extra Cl</u>	aims	Fee (\$)	Fee Paid (<u>(\$)</u>		Depend	dent Claims
Each independent cla Multiple dependent c Total Claims 23 -20 or HF	aim over 3 (incl laims <u>Extra Cl</u> P = <u>0</u>	aims X	<u>Fee (\$)</u> 50 =	<u>Fee Paid (</u> <u>0</u>	<u>(\$)</u>	<u>Multiple</u> Fee (\$)	Depend	
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number	aim over 3 (incl laims Extra Claims P = 0 Per of total clain	aims X ns paid for, if g	Fee (\$) 50 = greater than 20	<u>0</u>	•		Depend	dent Claims
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims	aim over 3 (incl laims Extra Claims P = 0 er of total clain Extra Clain	aims X ns paid for, if g aims	Fee (\$) 50 = greater than 20 Fee (\$)	<u>0</u> Fee Paid (•		Depend	dent Claims
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP	aim over 3 (includings) Extra Claims P = 0 er of total claim Extra Claim = 3	aims X ns paid for, if g aims X	Fee (\$) 50 = greater than 20 Fee (\$) 200 =	<u>0</u> <u>Fee Paid (</u> <u>600</u>	•		Depend	dent Claims
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number	eim over 3 (includins Extra Claims P = 0 er of total claim Extra Claim = 3 er of independ	aims X ns paid for, if g aims X	Fee (\$) 50 = greater than 20 Fee (\$) 200 =	<u>0</u> <u>Fee Paid (</u> <u>600</u>	•		Depend	dent Claims
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP	eim over 3 (includings) Extra Clip Extra	aims X ns paid for, if g aims X lent claims paid exceed 100 sheation size fee of	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (6) due is \$250 (\$1	<u>0</u> Fee Paid (600 than 3 excluding elect	(\$)	Fee (\$) ——ed sequence	Dependence F	dent Claims dee Paid (\$)
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number 3. APPLICATION S If the specification a under 37 CFR 1.52(thereof. See 35 U.S Total Sheets	eim over 3 (includings) Extra Clip Extra	aims X ns paid for, if g aims X lent claims paid exceed 100 sheation size fee c 3) and 37 CFR	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (edue is \$250 (\$1 \text{R 1.16(s).} nber of each a	Pee Paid (600 than 3 excluding elected to the small end of the small end	ronically file	Fee (\$) ed sequence ch additional statement	Dependence F	dent Claims fee Paid (\$) uter listings s or fraction
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number 3. APPLICATION S If the specification a under 37 CFR 1.52(thereof. See 35 U.S) Total Sheets -100 =	Extra Claims Extra Claims P = 0 er of total claim Extra Claim Ext	aims X ns paid for, if g aims X lent claims paid exceed 100 sheation size fee c 3) and 37 CFR	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (edue is \$250 (\$1 & 1.16(s).	Pee Paid (600 than 3 excluding elected to the small end of the small end	ronically file	Fee (\$) ed sequence ch additional s	or composite (\$)	dent Claims fee Paid (\$) uter listings s or fraction Fee Paid (\$
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number 3. APPLICATION S If the specification a under 37 CFR 1.52(thereof. See 35 U.S Total Sheets -100 = 4. OTHER FEE(S)	eim over 3 (includings Extra Clipper of total claim Extra Clipper of independed in the application of the	aims X ns paid for, if of aims X dent claims paid exceed 100 sheation size fee of 37 CFR ets Num /50 =	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (edue is \$250 (\$1 2 1.16(s). nber of each a (round up	Pee Paid (600 than 3 excluding elected to the small end of the small end	ronically file	Fee (\$) ed sequence ch additional statement	or composite (\$)	dent Claims fee Paid (\$) uter listings s or fraction Fee Paid (\$
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number 3. APPLICATION S If the specification a under 37 CFR 1.52(thereof. See 35 U.S Total Sheets -100 = 4. OTHER FEE(S) Non-English Specific	eim over 3 (inclaims Extra Clip Extra Cl	aims X Ins paid for, if gaims X Ident claims paid exceed 100 sheation size fee company for the company fo	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (edue is \$250 (\$1 \text{R 1.16(s)}. nber of each a (round up ntity discount)	Pee Paid (600 than 3 excluding elected to the small end of the small end	ronically file	Fee (\$) ed sequence ch additional statement	or composite (\$)	dent Claims ee Paid (\$) uter listings s or fraction Fee Paid (\$
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number 3. APPLICATION S If the specification a under 37 CFR 1.52(thereof. See 35 U.S Total Sheets -100 = 4. OTHER FEE(S)	eim over 3 (inclaims Extra Clip Extra Cl	aims X Ins paid for, if gaims X Ident claims paid exceed 100 sheation size fee company for the company fo	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (edue is \$250 (\$1 \text{R 1.16(s)}. nber of each a (round up ntity discount)	Pee Paid (600 than 3 excluding elected to the small end of the small end	ronically file	Fee (\$) ed sequence ch additional statement	or composite (\$)	dent Claims ee Paid (\$) uter listings s or fraction Fee Paid (\$
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number 3. APPLICATION S If the specification a under 37 CFR 1.52(thereof. See 35 U.S) Total Sheets -100 = 4. OTHER FEE(S) Non-English Specific	eim over 3 (inclaims Extra Clip Extra Cl	aims X Ins paid for, if gaims X Ident claims paid exceed 100 sheation size fee company for the company fo	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (edue is \$250 (\$1 \text{R 1.16(s)}. nber of each a (round up ntity discount)	Pee Paid (600 than 3 excluding elected to the small end of the small end	ronically file	Fee (\$) ed sequence ch additional statement	or composite (\$)	dent Claims ee Paid (\$) uter listings s or fraction Fee Paid (\$
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number 3. APPLICATION S If the specification a under 37 CFR 1.52(thereof. See 35 U.S) Total Sheets -100 = 4. OTHER FEE(S) Non-English Specification Other (e.g., late filin	eim over 3 (inclaims Extra Clip Extra Cl	aims X Ins paid for, if gaims X Ident claims paid exceed 100 sheation size fee company for the company fo	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (edue is \$250 (\$1 \text{R 1.16(s)}. nber of each a (round up ntity discount)	Pee Paid (600 than 3 excluding elected to the small end of the small end	ronically file	Fee (\$) ed sequence ch additional statement	or composite (\$)	dent Claims ee Paid (\$) uter listings s or fraction Fee Paid (\$
Each independent cla Multiple dependent c Total Claims 23 -20 or HF HP = highest number Indep. Claims 8 -3 or HP HP = highest number 3. APPLICATION S If the specification a under 37 CFR 1.52(thereof. See 35 U.S Total Sheets -100 = 4. OTHER FEE(S) Non-English Specific	eim over 3 (inclaims Extra Clip Extra Cl	aims X Ins paid for, if gaims X Ident claims paid exceed 100 sheation size fee company for the company fo	Fee (\$) 50 = greater than 20 Fee (\$) 200 = d for, if greater eets of paper (edue is \$250 (\$1 8 1.16(s). nber of each a (round up ntity discount) of Time (1 mo.) Regi	Pee Paid (600 than 3 excluding elected to the small end of the small end	ronically file	Fee (\$) ed sequence ch additional statement	or composite (\$)	dent Claims ee Paid (\$) uter listings s or fraction Fee Paid (\$